

August 28, 2015

Economic Affairs Interim Committee
PO BOX 201706
Helena, Montana 59620-1706

RE: Rule on Dry Needling

Dear Ms. Murdo and Economic Affairs Interim Committee members:

I am writing to SUPPORT letting the rule on dry needling done by physical therapists MOVE FORWARD. I am a Board Certified Family Medicine physician and have practiced for 21 years at Billings Clinic, but am writing as an individual as I want to share my perspective on the practice of dry needling and its benefits.

When I first learned of dry needling several years ago, I was intrigued and excited about the technique as a pain management tool. For years, physicians have done trigger point injections, which involve inserting a small needle into knotted, painful muscles and injecting a local anesthetic such as lidocaine or bupivacaine. I have had good success with using trigger point injections for pain management, and have long felt that the true therapeutic benefit to the procedure came more from the insertion of the needle itself into the muscle knot, and less from the injected medication. My brother, a physical therapist who went to an intensive series of courses to learn the dry needling technique, shared his syllabus with me, and I was quite impressed that indeed it seemed the studies cited and all the evidence behind the technique supported my theory as to the benefit of needling muscle knots. I am impressed by the science behind the procedure, and believe the technique to be an improvement upon trigger point injections.

It has been difficult until recently to find physical therapists in the Billings area that offer dry needling therapy, and am happy that we now have qualified practitioners to whom I can refer patients. I have seen and heard of multiple patients who have been able to wean off or at least reduce the amount of pain medication they are taking because of dry needling therapy.

In this time of appropriate concern about narcotic misuse and abuse, we should be doing everything we can to support therapies that effectively treat pain without potentially addicting and otherwise problematic medications. In my experience, dry needling in the hands of an experienced therapist is one such therapy.

I realize that most of the opposition to the rule going forward has to do with scope of practice. As a physician who also refers my patients for acupuncture, I see them as two separate, and potentially complementary techniques. The principles behind the therapeutic effects of acupuncture and dry needling are very different, and I do not see them in competition. I will continue to recommend both therapies to my patients. We need as many evidence-based, effective non-medication "tools" in our

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Exhibit 21

"tool box" as we can get! Also, I don't believe there are any physicians who do trigger point injections opposing this rule as a scope of practice issue.

I also am aware that MMA has submitted a letter in opposition to the rule moving forward based on the concern that we not circumvent the process of determining scope of practice issues, which currently is the prevue of the Legislature. I feel that waiting two years until our next legislative session to make a decision about this particular rule is detrimental for the people of Montana who could benefit from the therapy in the hands of trained physical therapists in the meantime. As an MMA member, I feel that we need to revisit the discussion about which body addresses scope of practice issues in our state, as the MMA tried to do with legislation last session.

By way of full disclosure, Brian Miller is my brother, but he did not solicit my support in the form of a letter to the committee. I have had the ability to learn about dry needling and read the literature about it because of him, and I feel strongly enough about this rule and the issues surrounding it that I felt compelled to share my experiences as a practicing physician who deals daily with people trying to manage their pain.

Again, I urge your support of allowing the rule to move forward, and would be happy to answer questions you have.

Sincerely,
Heidi Duncan, M.D., FAAFP
Family Medicine and Physician Director of Health Policy, Billings Clinic